

000184353 8/9/12

State of New Mexico
Voucher Batch Report
BusinessUnit 66500 Department of Health
Vouchers with Final Agency Approval But Not Yet Reviewed/Approved By DFA/CTD
AsOfDate 08/02/2012
Voucher Vchr VchrLineDescr Distr Account Account Fund VendorName 1099 Accounting Period PurchaseOrder Invoice Number Total Amount
Number Line Line# Description Year Month

00304840	1	I/S Meals & Lodging	1	542200	Employee I/S Meals & L	06101	ADAMS RICH-001	2013	07	0000090250	Adams, R. 7.16-7	285.00
Total For Voucher												285.00

MM

Summary | **Invoice Information** | **Payments** | **Voucher Attributes** | **Error Summary**

Business Unit: 66500
 Voucher ID: 00304840
 Voucher Style: Regular

Invoice Number: Adams, R. 7.16-7.19.12
 Invoice Date: 07/30/2012
 Total: 285.00

Vendor: ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 RUIDOSO, NM 88345

*Pay Terms: [Pay Now](#) | [Schedule Payments](#)

Saved

Payment Information

Scheduled Payment: 1

*Remit to: 0000097303

Location: 001

*Address: 1

ADAMS, RICHARD B
 RUIDOSO PUBLIC HEALTH OFFICE
 103 KANSAS CITY RD
 RUIDOSO, NM 88345

Gross Amount: 285.00 USD

Discount: 0.00 USD ☐ Discount Denied

Late Charge

Scheduled Due: 07/30/2012

Net Due: 07/30/2012

Discount Due:

Accounting Date:

Payment Method
 *Bank: WFB10

*Account: B Pay Group:

*Method: ACH ACH *Handling: RE

*Netting: N

Message: Message will appear on remittance advice.

[Messages](#)

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Business Unit: 66500 Invoice Number: Adams, R. 7.16-7.19.12
Voucher ID: 00304840 Invoice Date: 07/30/2012
Voucher Style: Regular Total: 285.00

Voucher Processing

☒ Post Voucher ☐ Close Voucher
☒ Revalue Voucher ☐ Delete Voucher

Accounting Instructions

*Accounting Template: STANDARD  Account At: Gross 

Match Action

*Status: Ready 
☐ Pay UnMatched Voucher

Transaction Currency

*Source: Tables  *Currency: USD  Rate Type: CRRNT  Exchange Rate: 1.00000000

Voucher Approval

*Approval: Specify at this Level  Business Process: PROCESS_VOUCHERS 
Approval Rule Set: Payment Approval Rule Set 1 

Self Billing Invoice

*SBI Num Option: Group Vouchers (Auto-Nur  SBI Number: 

Prepayment

Prepayment Reference:  ☐ Automatically Apply Prepayment ☐ Postpone Withholding

Letter of Credit

Letter of Credit ID: 

Tax Group**Saved**

AGENCY NAME New Mexico Department of Health

STATE OF NEW MEXICO
ITEMIZED SCHEDULE
OF TRAVEL EXPENSES

PAGE 2
DATE 7/16/12
AGENCY CODE 66500
VOUCHER NUMBER 00304840

NAME	Richard Adams	CAR LICENSE NUMBER	GS1984	POST OF DUTY	Ruidoso	PROPOSED (ADVANCE VOUCHER)	☐
SOCIAL SECURITY NUMBER	0000097303	MODEL	Nissan	RESIDENCE	Ruidoso	ACTUAL (RECOUPMENT VOUCHER)	☒
NORMAL WORK DAY	8am to 5pm	YEAR	2011				

DATE	TIME SHOW AM OR PM	DEPARTURE	ARRIVAL	CHARACTER OF EXPENDITURES ENTER DESTINATION, NATURE, OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS ENTER START AND FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
7/16/12	7:00am			Depart Ruidoso to ABQ to attend Peer review and Governing Boards meetings Overnight Overnight day travel /work in Santa Fe from 8am-5pm				85.00		85.00
7/17/12				Overnight day travel /work in Santa Fe from 8am-5pm				85.00		85.00
7/18/12				Overnight Depart ABQ to Ruidoso				85.00		85.00
7/19/12				7:00pm partial day per diem-12.0 hrs				30.00		30.00

PER DIEM IS BASED ON (CHECK ONE)	I certify that any payment sought on this voucher does not include reimbursement for alcoholic beverages; I further certify that no further payment will be sought for the travel/training covered by this voucher.
ACTUAL ☐	
APPROVED RATES ☒	
Employee Signature	Date

☒ Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA regulations Governing the Per Diem and Mileage Act.

TOTALS		285.00		285.00
Advance Amount @ 80%				
Adjusted Reimbursement				

I, Richard Adams
do solemnly swear that the above claim for reimbursement is true and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.
PAYEE SIGN HERE ☒ [Signature] 7/16/12

New Mexico Department of Health Travel and Training Request Form

Employee Information	Employee Name:	Richard Adams	Position:	CMO
	Department ID and Fund:	6001001000	Telephone:	505-629-7496
	Post of Duty:	Ruidoso	Residence:	Ruidoso

Please indicate if traveler is a non-employee and use Object Code 547900 on vouchers.

Vehicle Information	☒ Check if state vehicle		☐ Check if personal vehicle		License #:	GS1984
	Year:	2011	Make:	Nissan	Model:	Altima

Trip/Training Information	Please provide agendas, itineraries and any relevant documents.					
	Course Name:	Meetings in Santa Fe and ABQ for Governing Boards				
	☒ Check if training is required			☐ Check if Continuing Education credits will be granted		

Travel Information	Date of Request:	07/16/12	Destination:	Santa Fe & ABQ		
	Departure Date: (month/day/yr)	07/16/12	Time:	07:00 AM	Return Date: (month/day/yr)	7/19/12
	Time: 07:00 PM					
☒ In-State ☐ Out-of-State ☐ Training ☐ Time Only ☐ *Actuals ☐ No cost to State/Paid By:						

* If actuals are requested: Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with the payment voucher. If the trip is being paid in part by another entity, you must claim actuals. A justification for actuals must be accompanied by cost comparison for hotels, taxi/shuttles, etc.

546700: Subscription/Annual Dues		542100: In-State Mileage:	@ .41 per mile	\$ 0.00
546800: Registration – Employee		542200: In-State Per Diem:	3 @ \$85/day	\$ 255.00
546800: Registration – Vendor		Santa Fe Only:	@ \$135/day	\$ 0.00
549600: Airline Cost – Vendor		549700: Out-of-State Per Diem:	@ \$115/day	\$ 0.00
Airline Cost – Employee		Actuals:	@ /day	\$ 0.00
Baggage Fee		With meals:	@ \$45/day	\$ 0.00
Shuttle Fee		Partial day:	@ \$12/2-6 hrs	\$ 0.00
Taxi Fee		Partial day:	@ \$20/6-12 hrs	\$ 0.00
Parking Fee		Partial day:	1 @ \$30/12 or more hrs	\$ 30.00
Mileage @ .41 per mile	\$ 0.00	Total reimbursement to employee		\$ 285.00
Miscellaneous Expense: days @ \$6 per day	\$ 0.00	Total cost of trip		\$ 285.00
Car Rental: days @ per day	\$ 0.00			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the payment voucher, that reimbursement will be according to the current DFA travel rates and that final approval of expenses for reimbursement depends on budgetary sufficiency.



 Employee Signature _____ Date 7/17/12

Supervisor/Bureau Chief Signature _____ Date _____

Division Director/Hospital Administrator _____ Date _____
 (As per specific division requirements)



 Cabinet Secretary Signature _____ Date 7/31/12
 (To be obtained for Division Directors' requests and when Division Directors are not available to sign approval.)